

NOTICE OF FEES DUE

DATE: 05-17-07

TO: DAC

FROM: Office of Initial Patent Examination

SUBJECT: Fee Due

APPLICATION NUMBER: \_\_\_\_\_

A fee is due for the attached document submitted to the U. S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee. If an authorization is not present, notify the applicant of the fee deficiency.

Insufficient fee by check

Insufficient funds in deposit account

Declined credit card

Non authorization for charge to deposit account

No fee submitted per requirement

The correct fee code: 241 amount \$ 640

The suspended fee code: 197 amount - \$ 620

Fee Due amount = \$ 20

If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.

Terminal Operator

Holba

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective December 29, 1999

Application or Docket Number

09/585788

**CLAIMS AS FILED - PART I**

FOR		(Column 1) NUMBER FILED		(Column 2) NUMBER EXTRA	
BASIC FEE					
TOTAL CLAIMS 5		7 minus 20= *			
INDEPENDENT CLAIMS 2		4 minus 3= *			
MULTIPLE DEPENDENT CLAIM PRESENT					

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE

OR OTHER THAN  
SMALL ENTITY

RATE	FEE	RATE	FEE
345.00		690.00	
X\$ 9=		X\$18=	
X39=	39	X78=	
+130=		+260=	
TOTAL	384	TOTAL	

**CLAIMS AS AMENDED - PART II**

AMENDMENT A	(Column 1)		(Column 2)		(Column 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	
Total	*	Minus	**	=		
Independent	*	Minus	***	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	
Total	*	Minus	**	=		
Independent	*	Minus	***	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

RATE

ADDITIONAL  
FEE

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDT. FEE	

AMENDMENT C	(Column 1)		(Column 2)		(Column 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	
Total	*	Minus	**	=		
Independent	*	Minus	***	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

RATE

ADDITIONAL  
FEE

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.